

CORPORATION
STATEMENT OF CHANGE OF
KNOWN PLACE OF BUSINESS OR STATUTORY AGENT
Pursuant to A.R.S. §§10-502, 10-1508, 10-11508 & 10-3502

NOTE: It is critical that the Corporation Commission receive information about the existing (old) official address and/or agent data as well as the new address or agent data. Please check with our Customer Call Center (602) 542-3026 or our web site, www.azcc.gov/divisions/corporations to obtain the correct information.

1. The exact name of the corporation on file with the Arizona Corporation Commission (ACC) is:

2. The ACC file number is _____

3. The known place of business currently on file with the ACC is:

4. The name and street address of the current statutory agent on file with the ACC is:

5. ☐ (A) The known place of business in ARIZONA is to be changed. The street address of the new known place of business is:

☐ (B) Foreign corporations only:
The known place of business in the State or Country in which the corporation was incorporated is to be changed. The new foreign address is:

Indicate which address in which general correspondence can be mailed.

5(A) _____ or 5(B) _____.

6. ☐ (A) The address of the statutory agent is to be changed.* (If the statutory agent has a P.O. box or personal mail box (PMB) then he/she must also provide a physical location/address).

If only changing the statutory agent's address, the statutory agent is the only individual who must sign this statement. * By signing this document, the statutory agent acknowledges that he/she has given the corporation written notice of this change.

Corporation Name: _____ File Number:_____

☐ (B) The statutory agent in ARIZONA is to be changed. The name and street address of the new statutory agent is:

The new statutory agent must accept his/her appointment as the new statutory agent.

**Acceptance of Appointment
By Statutory Agent****

******(required only if a new statutory agent is being appointed)

The undersigned hereby acknowledges and accepts the appointment as statutory agent of the above-named corporation effective this _____ day of _____,

Signature:_____

Printed Name:_____ Title: _____

If signing on behalf of a company, please print the company name here.

Statutory agent must sign only if changing his/her address (Item 6(A)).

Dated this _____ day of _____,

Signature: _____

Printed Name: _____

If signing on behalf of a company, please print the company name here.

Changes to corporation(s) other than changes to a statutory agent’s address, must be executed by an officer of the corporation.

Dated this _____ day of _____,

Signature: _____

Printed Name: _____

Title: _____